SDMI HCBS 916

Department of Public Health and Human Services MENTAL HEALTH SERVICES BUREAU

SECTION

CASE MANAGEMENT SYSTEM

SUBJECT

RISK NEGOTIATION AGREEMENT

Home and Community Based Service (HCBS) providers and staff shall support individuals in self-direction to the maximum extent possible and assist them in decision-making through informed consent. Case Managers and Community Program Officers and other service providers shall support an Individual's informed choice regarding life, liberty, and the pursuit of health and happiness, unless the individual's actions or decisions endanger others.

Individuals capable of making informed choices have the right to decide the types and amount of services they receive. Individuals have the right to receive services under conditions of acceptable risk in which an individual assumes the risks associated with decisions they make under conditions of informed consent.

However, if an individual ignores certain risks that may affect his/her health and safety while participating in the SDMI HCBS waiver program, Case Management Team (CMT) or Department will ask the individual to complete and sign a Risk Negotiation Agreement Form (SDMI HCBS 916A), which will be sent to the Community Program Officer (CPO) for review. The Individual receives a copy of the form.

The Risk Negotiation Agreement Form will be completed when:

- the CMT or Department has identified a risk and
- the individual understands the consequences of his/her decisions but is still at significant risk of harm.

The written Risk Negotiation Agreement includes:

- a description of the individual's needs, including those that cannot be met;
- a description of the services that can be provided;
- a description of the potential risks to the individual;
- a statement that other service options (including nursing home services) have been explained to the individual and that the individual understands and accept the risks;
- Signatures of the Individual, CMT and CPO.

If the individual refuses to complete and sign the Risk Negotiation the CMT should contact the Community Program Officer for a discussion about needed corrective action and/or up to possible termination of the individual from the SDMI waiver.

Following is a sample Risk Negotiation Agreement Form 916a.

SDMI HCBS 916A

RISK NEGOTIATION AGREEMENT

Date: <u>01-01-</u>	10	
Consumer:]	Bette Davis	Medicaid #: <u>001-02-0003</u>
Section 1: De	escription of the	individual's needs, including needs that cannot be met
Bette needs Private Duty Nursing for medication set ups and administrating her insulin seven days a week. Service provider can only cover five days a week of private duty nursing. Bette understands this and that the service provider will not be able to cover occasional holidays.		
It is the unde	erstanding of th	services that can be provided ne service provider and the SDMI team that Bette has a friend that is available to administer all holidays and on Saturdays and Sundays.
friend and so would show	ome days she sh up on the week	of not taking her insulin as it's prescribed; she states that right now she is depending on her nows up and is sure if she can get someone to administer her insulin Monday thru Friday she tends. Bette understands that her blood sugars could be unstable due to not taking her insuling uld go into a diabetic coma or worse, possibly resulting in a hospital and/or nursing care
Section 4:	The individe The individe implemente	rvice options (including nursing home services) have been explained to the individual dual understands and accepts the risks associated with his/her current PCRP. dual's health and Wellness cannot be assured and discharge from the SDMI HCBS waiver will be ed.
Individual: Signature		Date
Case Manage Signature		Date
Case Manage Signature		Date
	Program Officer:	Date
Original to A Copy to Indiv	MDD vidual, CPO and	CMT

April 2015